

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024363

Entity Name: TIM'S POOL CARE, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

1620 GALLOWAY RD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 92488
LAKELAND, FL 33804 US

New Mailing Address:

FEI Number: 20-8507159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL TAX CONSULTANTS, INC
112 AVENUE E SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

PROFESSIONAL TAX CONSULTANTS, INC
314 AVENUE K SE
WINTER HAVEN, FL 33880 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RONALD A YOST

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUTTON, TIMOTHY W
Address: 1620 GALLOWAY RD
City-St-Zip: LAKELAND, FL 33810 US

Title: VP () Delete
Name: SUTTON, REGINA M
Address: 1620 GALLOWAY RD
City-St-Zip: LAKELAND, FL 33810 US

Title: S () Delete
Name: PROFESSIONAL TAX CONSULTANTS, INC
Address: 112 AVENUE E SW
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PROFESSIONAL TAX CONSULTANTS, INC
Address: 314 AVENUE K SE
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A YOST

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date